

DECLARATION, POWER OF ATTORNEY, AND PETITION

As an inventor named below, I declare that:

My residence, post office address, and citizenship are correctly identified.

I believe I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if more than one name is listed below) of the subject matter of the invention which is claimed in, and for which a U.S. patent is sought on, a U.S. Patent application entitled:

CREMATION REMAINS CONTAINER SYSTEM AND METHOD OF MEMORIALIZING
DECEASED WITH SAME

the specification of which (check one below):

- ☒ is attached to this document.
- ☐ was filed on ___ as Application No. ___ or Express Mail No. ___, and was amended on ___ (if applicable).
- ☐ was filed on ___ as PCT International Application No. ___, and amended under PCT Article 19 on ___ (if any).

I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability, as defined in Title 37, Code of Federal Regulations, §1.56.

I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below, and also have identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed?

_____	_____	_____	() Yes () No
(Number)	(Country)	Day/Month/Year Filed	
_____	_____	_____	() Yes () No
(Number)	(Country)	Day/Month/Year Filed	
_____	_____	_____	() Yes () No
(Number)	(Country)	Day/Month/Year Filed	

I claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below, and to the extent that the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability, as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____	_____	_____
(Application No.)	(Filing Date)	(Status: Patented, Pending, or Abandoned)
_____	_____	_____
(Application No.)	(Filing Date)	(Status: Patented, Pending, or Abandoned)
_____	_____	_____
(Application No.)	(Filing Date)	(Status: Patented, Pending, or Abandoned)

I appoint the practitioners associated with the customer number 26,875, to be my attorneys or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected with this application.

Please address all correspondence and telephone calls to:

Wayne L. Jacobs

Address of customer number 26,875
 Telephone (513) 241-2324
 Facsimile (513) 241-6234

I request that the United States Patent and Trademark Office grant a U.S. patent for the invention described and claimed in the specification identified above.

I declare that all statements made in this document of my own knowledge are true, and that all statements made on information and belief are believed to be true; further I declare that these statements were made with the knowledge that willful false statements are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that willful false statements may jeopardize the validity of the application or any patent issued from the application.

Full name of Inventor Tom Heil

Inventor's Signature _____ Date _____

Residence City/State Batesville, IN Citizenship US

Post Office Address 17 EGS Boulevard, Batesville, IN 47006

Full name of Inventor Chris Lowery

Inventor's Signature _____ Date _____

Residence City/State Batesville, IN Citizenship US

Post Office Address 66 EGS Boulevard, Batesville, IN 47006

Full name of Inventor Christopher M. Wessel

Inventor's Signature _____ Date _____

Residence City/State Batesville, IN Citizenship US

Post Office Address 10 Alvina Street, Batesville, IN 47006